

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-4144.M5

MDR Tracking Number: M5-05-0653-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-27-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, massage therapy and aquatic therapy were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 01-30-04 to 02-12-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 10th day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

January 5, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-05-0653-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents

utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 57 year-old female injured her lower back on ____ while standing washing dishes. She reports starting to walk and fell to the floor twisting her right foot and landing on her right side. She has been treated with therapy.

Requested Service(s)

Office visits, massage therapy, and aquatic therapy for dates of service 01/30/04 through 02/12/04

Decision

It is determined that there is no medical necessity for the office visits, massage therapy, and aquatic therapy for the dates of service 01/30/04 through 02/12/04 to treat this patient's medical condition.

Rationale/Basis for Decision

There is no evidence to support the need for monitored therapy such as massage therapy and aquatic therapy since this patient had already undergone a work hardening program that would have familiarized her enough with exercises to perform land-based exercises at home. The treatments in question were not medically necessary since the patient obtained no significant relief, promotion of recovery was not accomplished and there was no enhancement of the employee's ability to return to employment. Specifically, the patient remained off work, the patient continued to report her pain as "moderate", and the patient's lumbar spine range of motion remained the same. Therefore, the office visits, massage therapy, and aquatic therapy for dates of service 01/30/04 through 02/12/04 were not medically necessary to treat this patient's medical condition.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm
Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-0653-01

Information Submitted by Requestor:

- Office Visits
- Progress Notes
- Pain Management
- Disputes

Information Submitted by Respondent: